

**Office of Administration  
Commissioner's Office**

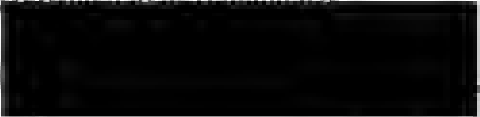
**"Request for Preauthorization for Other Services"**

Program: **Alternatives to Abortion**


Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/~~provided to be reimbursed~~


Client Name: 

Date Enrolled: 8/9/16

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	<u>Low Fost- Orphanage</u>	<u>379.52</u>	 <u>13</u> <u>Currently unemployed.</u>
AMOUNT TO BE REIMBURSED			

*Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to [emily.kraft@oa.mo.gov](mailto:emily.kraft@oa.mo.gov) by the Contractor only!*

Thank you.

Authorized person requesting purchase: 

Approved for purchase:  Date 4/10/17

Purchase denied: \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_  
\_\_\_\_\_

Due Date/Days Past Due	03/10/17	27	Monthly
Payment Due	299.94		299.94
Partial Payment Credit	- .42		51
Late Charge Due	80.00	16	36
Return Check Charge			8337.88
Total Due	<u>379.52</u>		8526.52
Total Received			
Late Charge Received			
Function*			
			188.64

Late Charge Credit  
Interest Due